

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2155

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name William Ellis

P.O. Box, Bldg., Room No., if any

Street 17220 Five Points Pk.

City Mt. Sterling

State Ohio ZIP Code + 4 43143

4. Name, file number, and address of labor organization.

Name United Industrial Workers

Labor Organization File Number 000-364

P.O. Box, Building and Room Number, if any

Street 5201 Auth Way

City Camp Springs

State Maryland ZIP Code + 4 20746

5. Position in labor organization.

Vice President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Billy R. Ellis

On

5-16-05

Date

740-869-4436

Telephone Number

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Seafarers Vacation Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5201 Auth Way

City Camp Springs

State Maryland

ZIP Code + 4 20746

14.a. Nature of payment.

Reimbursement of Expenses for Trustees' Meetings.

Hotel room and airfare paid directly by the Seafarers Vacation Plan (amount unknown).

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$290